

HOUSTON INDEPENDENT SCHOOL DISTRICT

RECEIPT FOR NOTICE OF PROCEDURAL SAFEGUARDS RIGHTS OF PARENTS OF STUDENTS WITH DISABILITIES

as required by *Individuals with Disabilities Education Act (IDEA) 34 Code of Federal Regulations – Part 300*

Name of Student _____ Date of Birth _____

Note: Each time the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities* is distributed receipt must be documented.

This is to verify that I have received a copy of the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities* which informs me of my rights throughout the child/student-centered educational process. The procedural safeguards have been explained to me by (name/position/date entered in the following section):

I understand that my rights include the right to receive:

- this and all other notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in Braille as appropriate, and
- answers from school personnel to additional questions I may have. My signature below indicates that I initially received a copy of the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities* on the date specified and that I understand its contents.

I understand that school personnel will make an entry on the distribution log each time I am given/sent a copy of the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities*.

Complete this section for initial distribution only.

(Name)

(Signature of Parent/Guardian/Surrogate Parent/Adult Student)

(Position)

(Date Signed)

on _____
(Date Issued)

(Signature of Interpreter [if used])

(Name of Student's Current Campus)

(Date Signed)

DISTRIBUTION LOG

Type of Notice Check the type of notice with which the <i>Notice of Procedural Safeguards Rights of Parents of Students with Disabilities</i> was disseminated.						Recipient Enter the name of the person to whom a copy of	Date Sent/Given Enter the date the
<i>Notice of Full and Individual Evaluation and Test Description</i>	<i>Notice of the Admission, Review, and Dismissal/ Individualized Education Program (ARD/IEP) Committee Meeting</i>	<i>Consent for Initial Placement</i>	<i>Notice of Refusal to Provide Services</i>	<i>Admission, Review and Dismissal/ Individualized Education Program (ARD/IEP) Committee Meeting</i>	<i>Notice of release/ consent to request confidential information</i>	<i>The Notice of Procedural Safeguards Rights of Parents of Students with Disabilities was sent/given.</i>	<i>Notice of Procedural Safeguards Rights of Parents of Students with Disabilities was disseminated.</i>

Name of Student _____ **Date of Birth** _____

DISTRIBUTION LOG

[illegible]